

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 593,502

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	/	2				
31	/					
32	/					
33	2					
34	2					
35	2					
36	2					
37	/					
38	/					
39	/					
40	2					
41	2					
42	2					
43	/					
44	/					
45	/					
46	2					
47	2					
48	2					
49	/					
50	/					
TOTAL IND.	12					
TOTAL DEP.	28					
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	2					
53	2					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	/					
69	/					
70	/					
71	/					
72	2					
73	2					
74	2					
75	2					
76	2					
77	2					
78	2					
79						
80						
81						
82						
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84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						